Name and title of individual served (if not shown above) A person of suitable age and dis-cretion then residing in the defendant's usual place of abode. Address (complete only if different than shown above) Date of Service Time am рm

Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits (including endeavors) REMARKS: ent Hail 9/15/05 nt

PRIOR EDITIONS MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)

Amount of Refund

Signature of U.S. Marshal or Deputy

Amount owed to U.S. Marshal or

UNITED STATES DISTRICT COURT	
EASTERN	District of MASSACHUSETTS
DAVID WILLIAMS, PRO SE  Plaintiff,  V.	SUMMONS IN A CIVIL CASE
GARY FYFE, in his personal capacity, Defendant.	CASE NUMBER:
e	05 11104 MLW
TO: (Name and address of Defendant)	Gary Fyfe P.O. Box 100, So. Walpole, MA 02071-0100
YOU ARE HEREBY SUMMONED and	required to serve upon PLAINTIFF'S ATTORNEY (name and address)
	David Williams w-42189 P.O. Box 100 So. Walpole, MA 02071-0100
	ved upon you, within 20 days after service of this ce. If you fail to do so, judgment by default will be taken against you for t also file your answer with the Clerk of this Court within a reasonable
	STATES DISTRIC
SARAH A. THORNTON	MAY 2 6 2005

CLERK

(By) DEPUTY BLOKOYOM